



**TOWN OF SOUTHAMPTON
DEPARTMENT OF FIRE PREVENTION**

18 Jackson Avenue, Hampton Bays, NY 11946
Telephone: 631-728-2919 Fax: 728-3688

INSTALLATION PERMIT APPLICATION

Date of Application: _____ Fee: * (below) _____ TOS File/Receipt No. _____
TYPE OF PERMIT

Installation of:

- ☐ Fire Alarm System (New) **\$75** (Acceptance test - per visit **\$30**)
- ☐ Fire Alarm System (Alteration) **\$50** (Acceptance test - per visit **\$30**)
- ☐ Fire Sprinkler System – *NFPA 13 Standard* (New) **\$200** (for first 25 devices) Add **\$5** per each additional devices
(Alteration) **\$75** (for first 25 devices) Add **\$5** per each additional devices
(*Two hour pressure test/acceptance test inspections for sprinkler systems \$60*)
- ☐ Fire Sprinkler System *NFPA 13R or D Standard* (New) **\$60** (*Two hour pressure test/acceptance test inspection \$30*)
- ☐ Fire Sprinkler System *NFPA 13R or D Standard* (Alteration) **\$30** (*Two hour pressure test/acceptance tent inspection \$30*)
- ☐ Installation of Automatic Fixed Pipe Ext. System (dry/wet chemical) **\$150** (*acceptance test inspection \$30*)
- ☐ Alteration of Automatic Fixed Pipe Ext. System (dry/wet chemical) **\$100** (*acceptance test inspection \$30*)
- ☐ Installation of Cooking Vapor Removal System (New) **\$150** (*acceptance test inspection \$30*)
- ☐ Alteration of Cooking Vapor Removal System **\$100** (*acceptance test inspection \$30*)
- ☐ Installation of LPG System (Aboveground) **\$125** (*acceptance test inspection \$30*)
- ☐ Installation of LPG System (Underground) **\$250** (*acceptance test inspection \$30*)
- ☐ Installation of Flammable/Combustible Liquid Tank (Aboveground) **\$250** (*final inspection for compliance \$30*)
Change order for plans \$60
- ☐ Installation of Flammable/Combustible Liquid Tank (Underground) **\$250** (*final inspection for compliance \$30*)
Change order for plans \$60
- ☐ Removal of Flammable/Combustible Liquid Tank (Underground) **\$200** (*final inspection for compliance \$30*)
Change order for plans \$60
- ☐ Installation of Cistern **\$100** (*final inspection for compliance \$30 each*) *Change order for plans \$60*
- ☐ Plans review for any “H” occupancy or area **\$400** (*final inspection for compliance \$50*)
- ☐ Final Inspection for Compliance **\$50**
- ☐ All Change Order for Plans Review **\$60**

Proof of Workers Compensation Compliance must be submitted with application, unless on file.

As per Section 57 and Section 200 of the NYS Workers' Compensation Law, Section 57 and Section 220 of the New York State Workers' Compensation Law and Section 125 of the General Municipal Law effectively immediately we will be requiring that either a valid certificate proving compliance be on file or that one be submitted with the application.

PART 1: Applicant Information - Location of Installation

Tax Map#: _____

Name of Business _____

Business Owner Name: _____ **Daytime Phone No.:** _____

Street Address: _____

Mailing Address (if different): _____ **E-Mail:** _____

Property Owner Name & Address (if different from applicant): _____

PART 2: Installation Contractor/Vendor:

Name: _____

Address: _____ Phone No _____

E-Mail Address: _____

Southampton Town Registration Certificate Number (required for fire sprinkler installers): _____

PART3: Plans Prepared By:

Name: _____

Address: _____ Phone No _____

Name & Number of Contact Person for Additional Information: _____

E-Mail Address: _____

Person to contact with questions concerning this application

Name: _____ Phone Number: _____

The accuracy of the information, plans, diagrams and other facts submitted in conjunction with the application are the responsibility of the applicant. Any false statement made herein is punishable as a misdemeanor, pursuant to Section 210.45 of the New York State Penal Law.

Signature of Applicant _____ Date: _____

**** Make checks payable to Town of Southampton ****